



Claim Form – Contract Works

This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Prestige Insurance Broker Services Limited and the underwriter who receives your claim. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 2020. The collection of this information by Prestige Insurance Broker Services Limited is required under the terms of your insurance policy. Failure to provide this information may result in your claim being declined.

Insured Details

Company Name/Policy Holder Name _____

Contact details of the person completing this form

Contract Person _____ Contact Phone _____

Email Address _____

Position _____

Incident Details

Date of incident _____ Time of incident _____

Site Address _____

Please advise what happened.

Please answer the questions below if it is a theft or burglary claim.

1. What was the security measure put in place? For example: Temporary fence; Audible alarm; Monitored alarm; CCTV, etc.

2. Where were the stolen items stored? Were they installed?

3. How did the thief enter the site or house? For example, fence was broken; door or window broken.

4. Please provide the reference number if you have reported to the police.



Details of items being claimed for		
Item	Purchase Date	Replacement/Repair Costs incl GST

Document Check List for this claim

- Original Purchase Invoices
- Replacement quotes or invoices. (Please provide all costs, including labour costs if occurs. Settlement amount will be offered based on these provided invoices or quotes.)
- Police Acknowledgement Form if applicable
- Damage photos

1. I declare that to the best of my knowledge the details given in this claim form are true.
2. I undertake to render all possible assistance in connection with this claim.
3. I agree that Prestige Insurance Broker Services Limited and the insurance company (and/or their agent) with whom I am insured may give to or obtain from appropriate individuals or organisations information relevant to this claim.
4. I agree that the insurance company with whom I am insured may give to or obtain from ICR details of information relevant to this claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.)
5. I have read and I understand the above Declaration.

Note: Failure to provide correct and complete information could result on your claim not being accepted by the insurance company.

Signed: _____

Company Name _____

Date _____

Position _____